

Work Order ID 99241

April-04-13 7:26:22 AM

\*99241\*

Page 1

Item ID: D3065-041

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Step Leg Assembly Hi

Stop

\*NS2\*

Start Date: 4/04/13 Start Qty: 30.00

\*30\*

Cust Item ID:

Required Date: 4/11/13 Req'd Qty: 30.00

\*30\*

Customer:

Reference:

Approvals: Process Plan: MLD

Date: 13-04-04 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3065	Rev B
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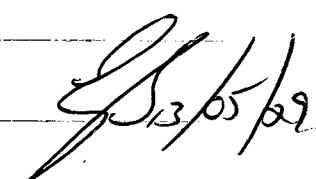
100	0.00
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\*100\*

Small Fab

Small Fab

Memo Assemble as per Dwg D3065 and Identify as D3065-041

30x   
13.05.13

110

QC5- Inspect part completeness to step on W/O 0.00

\*110\*

QC

Quality Control

120

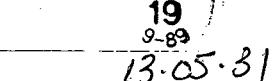
Identify as per dwg & Stock Location: UMA-003 0.00

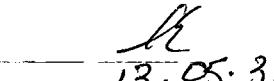
\*120\*

Packaging

Packaging

Memo 0.00

30   
13.05.31

30 q   
13.05.31

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS									
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
	Work Order Update <input type="checkbox"/>		Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 99241

April-04-13 7:26:22 AM

\*99241\*

Page 2

Item ID: D3065-041

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Step Leg Assembly Hi

Stop

\*NS2\*

Start Date: 4/04/13 Start Qty: 30.00

\*30\*

Cust Item ID:

Required Date: 4/11/13 Req'd Qty: 30.00

\*30\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC Quality Control	QC21- Final Inspection - Work Order Release	0.00							13/4/13
	Memo	0.00							AB-063

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
													<input type="checkbox"/> Other	



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS								
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other							
Part No. _____ NCR No. _____														
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data Equip/Tooling Operator Material Setup Other Process Supplier Training Unapproved														
FAULT CATEGORY														
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

**Picklist Print**

April-04-13 7:26:43 AM

Page 2

Work Order ID: 99241

**\*99241\***  
**\*D3065-041\***

Parent Item: D3065-041

Parent Item Name: Step Leg Assembly Hi

Start Date: 4/04/13

Required Date: 4/11/13

Start Qty: 30.00

Required Qty: 30.00

D3065-7

Manufactured No

100

Each

60.0000

1

30

\*\*

**\*D3065-7\***

Step Spacer

*JBr3/05/29*

MS20470AD4-4

Purchased No

100

Each

500.0000

30

900

\*\*

**\*MS20470AD4-4\***

Rivet, Universal Head

*M101459 (15x)**JBr3/05/29**M125268  
900x*Location      Loc Qty      Loc Code

GA	60	
73291	7	
74499	1	
78666	4	
83738	1	
89971	10	
91548	19	
97908	18	

GA	1	
121652	1	
ST336	499	
116188	136	
118614	245	
122027	118	

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

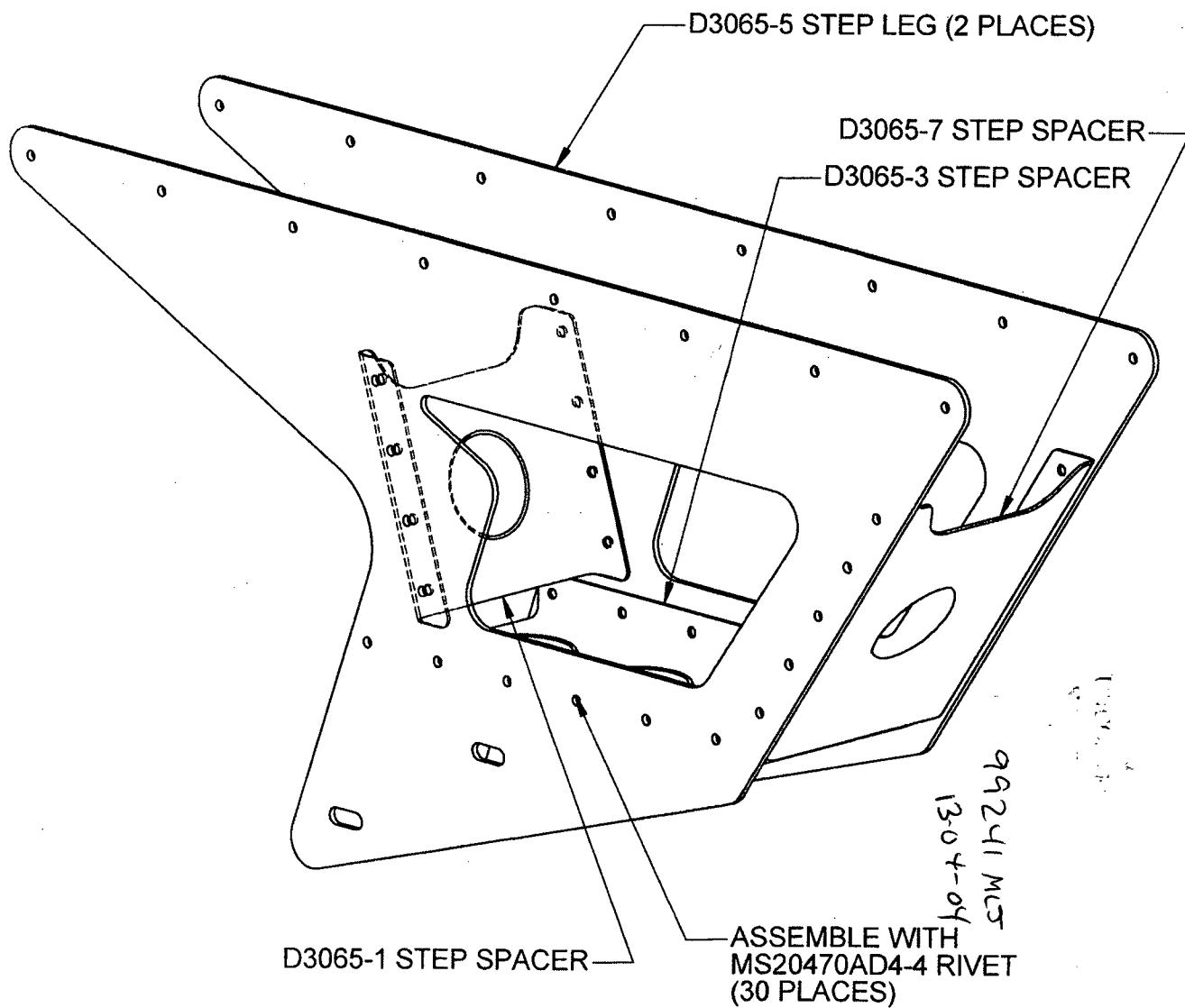
**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			<b>DISPOSITION</b>			<b>AGAINST DEPARTMENT/PROCESS</b>									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
<b>FAULT CATEGORY</b>															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

**DART**

DESIGN <i>CP</i>	DRAWN BY <i>CB</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA
CHECKED <i>PH</i>	APPROVED <i>MM</i>	DRAWING NO. <b>D3065</b>
DATE <b>06.05.23</b>		REV. B SHEET 1 OF 5
		TITLE <b>STEP LEG ASSEMBLY</b>
		SCALE 1:2
A	02.09.11	NEW ISSUE
B	06.05.23	ADD 6061-T6 MATERIAL, ADD SLOTS TO D3065-5

**RELEASED***06.06.20 MM*

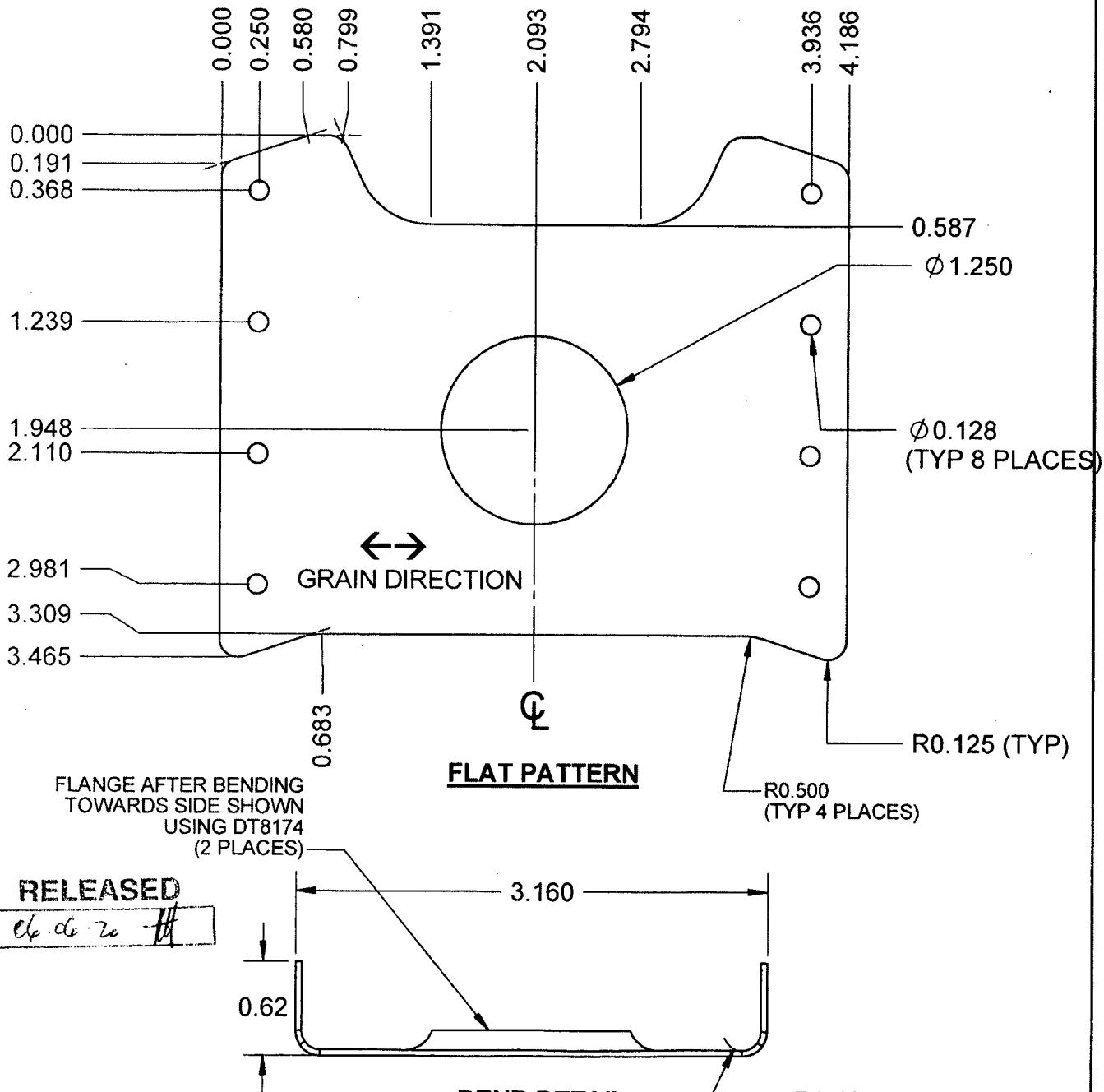
## **D3065-041 STEP LEG ASSEMBLY**

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**DART**

DESIGN <i>CP</i>	DRAWN BY <i>CB</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>PH</i>	APPROVED <i>MM</i>	DRAWING NO. <b>D3065</b>	REV. B	SHEET 2 OF 5
DATE 06.05.23		TITLE <b>STEP LEG ASSEMBLY</b>	SCALE 1:1	

**D3065-1 STEP SPACER**

- 1) MATERIAL: 2024-T3 (QQ-A-250/4) 0.040 THICK (REF DART SPEC. M2024T3S.040)
- 2) FINISH: ACID ETCH & ALODINE PER DART QSI 005 4.1
- 3) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 4) PART IS SYMMETRIC ABOUT CENTERLINE
- 5) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 6) ALL DIMENSIONS ARE IN INCHES

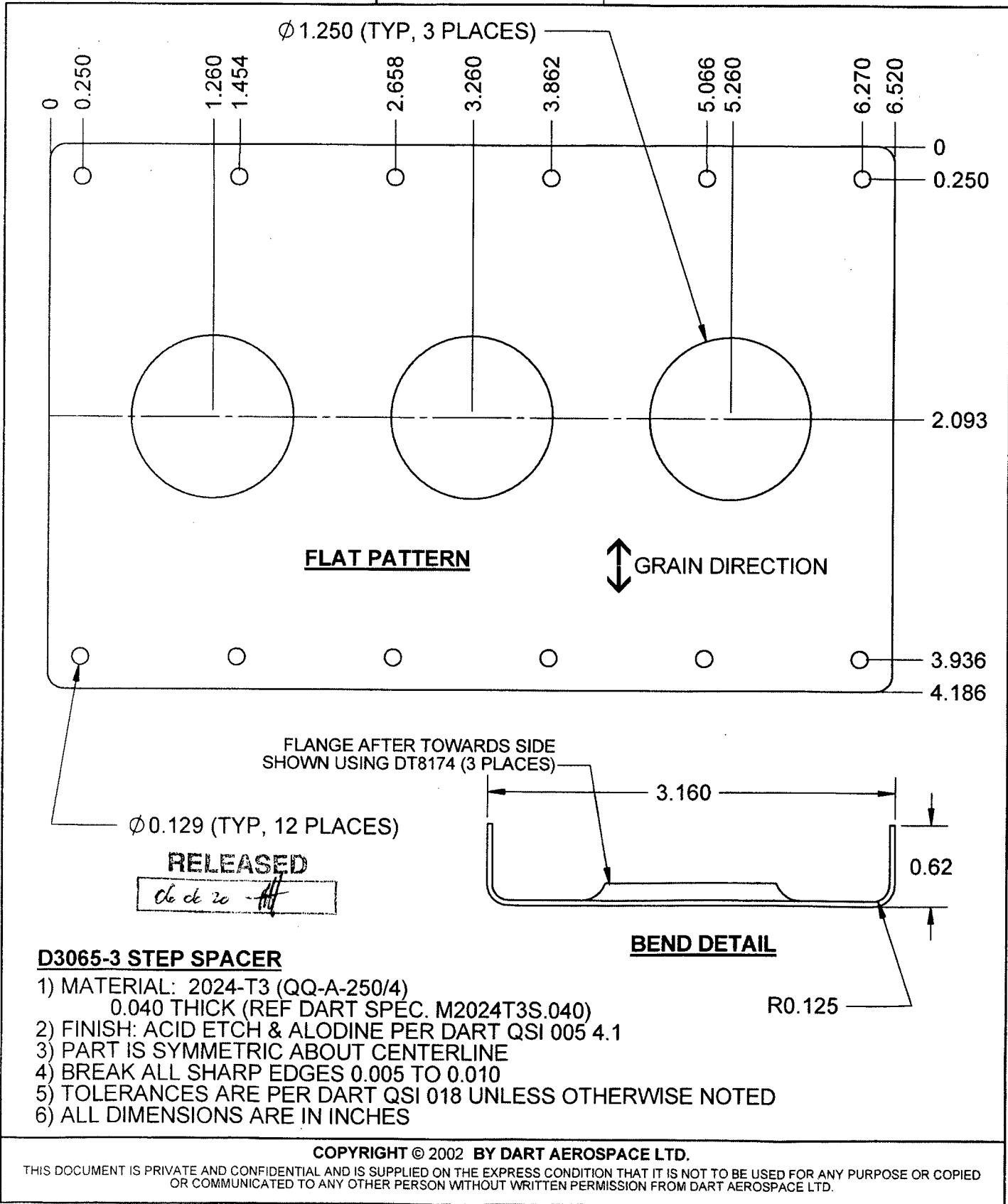
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95241

**DART**

DESIGN <i>CP</i>	DRAWN BY <i>CB</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>PH</i>	APPROVED <i>PH</i>	DRAWING NO. <b>D3065</b>	REV. B SHEET 3 OF 5
DATE 06.05.23		TITLE <b>STEP LEG ASSEMBLY</b>	SCALE 1:1

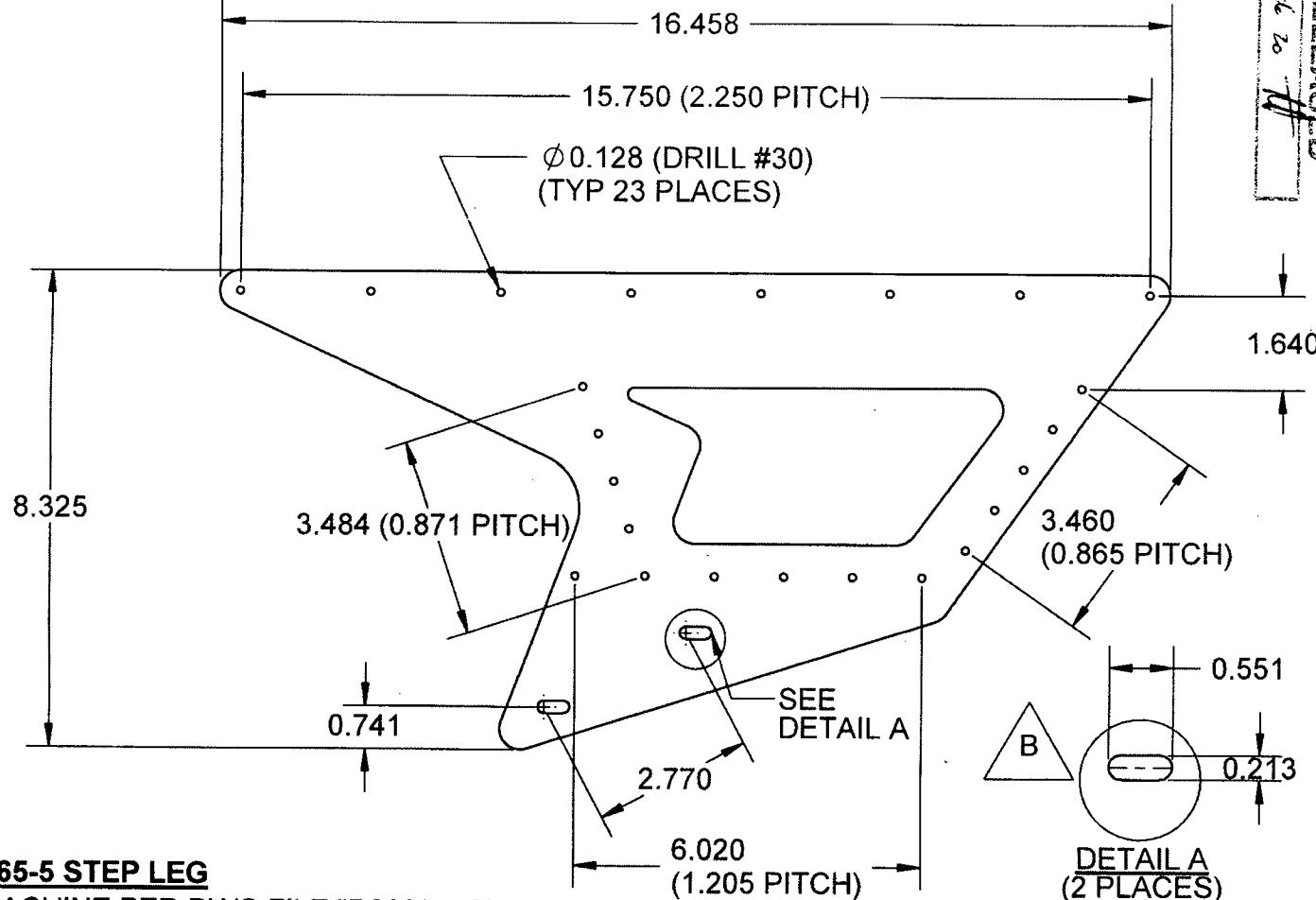


gg241

**DART**

DESIGN	DRAWN BY	<b>DART AEROSPACE LTD</b>
4P	C.B	HAWKESBURY, ONTARIO, CANADA
CHECKED	APPROVED	DRAWING NO.
PH	PH	D3065
DATE	TITLE	REV. B
06.05.23	STEP LEG ASSEMBLY	SHEET 4 OF 5
		1.3

RELEASED  
06.06.20

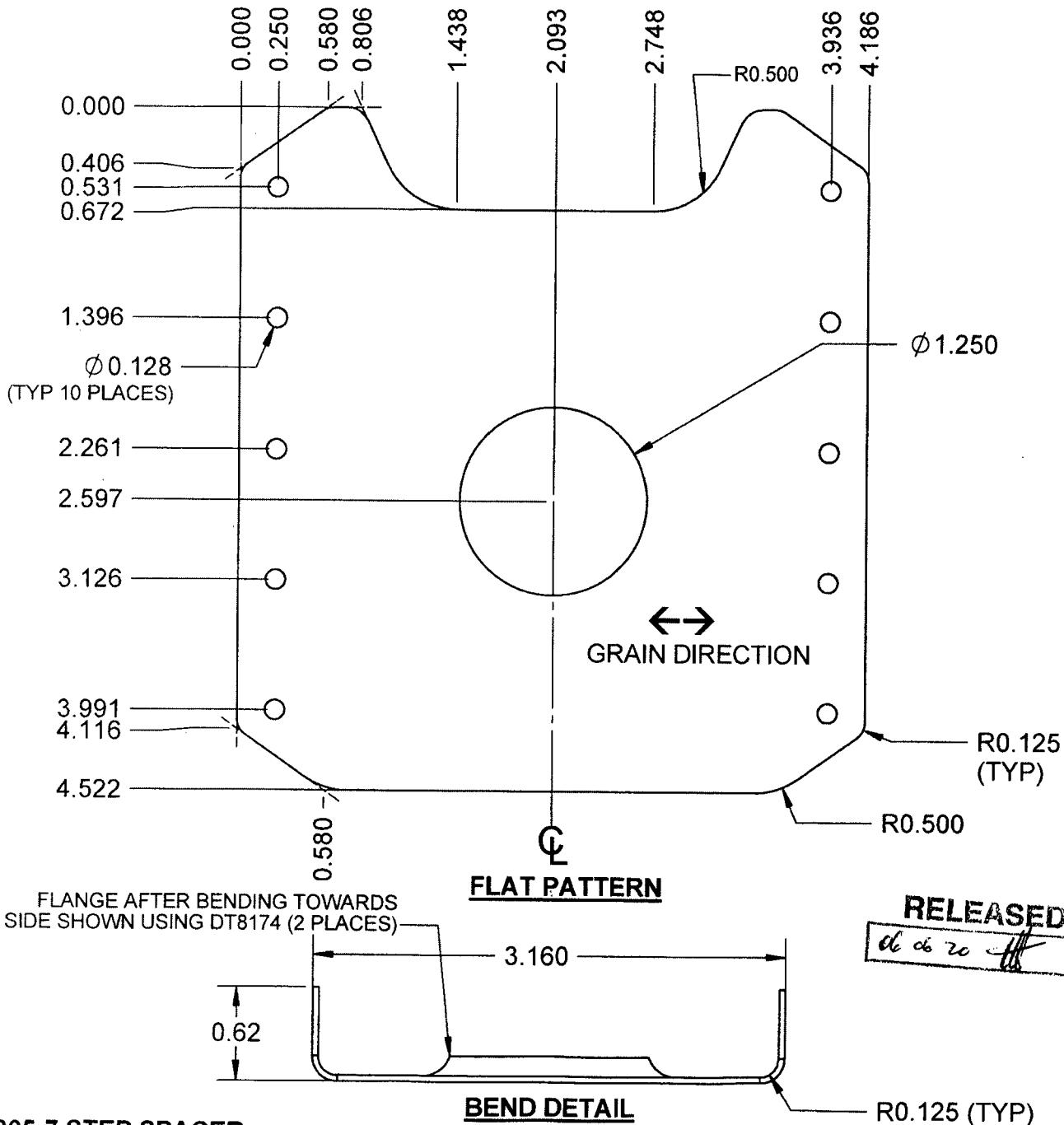


### D3065-5 STEP LEG

- 1) MACHINE PER DWG FILE "D3065-5.SLDPRT"
- 2) MATERIAL: 6061-T6 (PER QQ-A-250/11 OR AMS 4025 OR AMS 4027) 0.080" THICK (REF DART SPEC M6061T6S.080)  
OR  
5052-H32 (PER QQ-A-250/8 OR AMS 4016) 0.080 THICK (REF DART SPEC. M5052H32S.080)
- 3) FINISH: ACID ETCH & ALODINE PER DART QSI 005 4.1
- 4) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 5) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 6) ALL DIMENSIONS ARE IN INCHES



DESIGN <i>IP</i>	DRAWN BY <i>CB</i>	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>PH</i>	APPROVED <i>MM</i>	DRAWING NO. <b>D3065</b>	REV. B	SHEET 5 OF 5
DATE <b>06.05.23</b>	TITLE <b>STEP LEG ASSEMBLY</b>		SCALE 1:1	



**D3065-7 STEP SPACER**

- 1) MATERIAL: 2024-T3 (PER QQ-A-250/4) 0.040 THICK (REF DART SPEC. M2024T3S.040)
- 2) FINISH: ACID ETCH & ALODINE PER DART QSI 005 4.1
- 3) PART IS SYMMETRIC ABOUT CENTERLINE
- 4) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 5) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 6) ALL DIMENSIONS ARE IN INCHES

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